

MARYLAND MEDICAID: SUMMARY OF MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

	HealthChoice	Primary Adult Care Program	FFS Enrollees
Key Populations Covered	<ul style="list-style-type: none"> • Pregnant women • Parents • Children (including MCHP) • Individuals with disabilities on SSI 	<ul style="list-style-type: none"> • Childless adults 19 and over • Not covered by Medicare 	<ul style="list-style-type: none"> • Individuals who are dually eligible ("Duals") for both Medicaid and Medicare Services • Individuals with nursing home stays over 30 days • Individuals age 65 and older • Individuals determined medically needy under a spend down category • Individuals in a limited-benefit family planning program
Diagnosis Covered Under Specialty Mental Health Services Provided on FFS Basis Through Value options	<p>Must have one of the following mental illness diagnoses according to International Classification of Diseases, 9th revision : 295-298.9; 299.9; 300.0-301.6; 301.81-302.6;302.81-302.9; 307.1; 307.3; 307.5-307.89; 308.0-308.9;309.0-309.9;311;312.0-312.9; 313.0-313.82;313.89-314.9;332.1;333.1;333.82;333.90;333.92;333.99</p> <p>Examples include individuals with diagnoses such as schizophrenic disorder, mood disorders, anxiety disorders, and personality disorders</p>		
Specialty Mental Health Services Provided on FFS Basis Through Value Options (Based on diagnosis listed above.)	<ul style="list-style-type: none"> • Services provided through the public mental health system on a fee-for-service basis <ul style="list-style-type: none"> ○ Hospital ○ Residential treatment for children and adolescents ○ Individual and group therapy with licensed mental health professionals, e.g., psychiatrists, psychologists, counselors, etc. ○ Clinical services at Outpatient Mental Health Centers or Federally Qualified Health Centers ○ Limited medical laboratory services; specifically, venipuncture collection of blood, therapeutic injection 	<ul style="list-style-type: none"> • See HealthChoice benefit package, exemptions include: <ul style="list-style-type: none"> ○ PAC does not cover any inpatient benefits. ○ PAC also does not cover EPSDT services since the program is for adults 	<p><u>Duals - Medicare and Medicaid Eligible</u></p> <p><u>Medicare Part A</u></p> <ul style="list-style-type: none"> • Medicare only covers a total of 190 days spent in a psychiatric hospital for an entire lifetime. If someone reaches that limit, Medicare may cover further inpatient mental health care in a general hospital but not a psychiatric hospital. This rule only applies to free-standing psychiatric facilities that are not considered a part of general hospitals.

	HealthChoice	Primary Adult Care Program	FFS Enrollees
Specialty Mental Health Services Provided on FFS Basis Through Value Options (cont'd)	<ul style="list-style-type: none"> ○ EPSDT services for children, such therapeutic nursery programs ○ Mental health targeted case management ○ Family psychotherapy and psychoeducation ○ Psychiatric day treatment services such as partial hospitalization or intensive outpatient services ○ Intensive services for high needs consumers such as mobile or assertive community treatment ○ Psychiatric rehabilitation programs ○ Psychological testing ○ Institution for Mental Diseases (Maryland is now participating in a three-year demonstration to provide this services for adults up to age 64 in private institutions.) 		<p><u>Medicare Part B</u></p> <ul style="list-style-type: none"> • Individual and group psychotherapy • Family psychotherapy (with you present) for your treatment • Certain lab and diagnostic tests • Psychiatric evaluations • Medication management <p><u>Medicaid</u></p> <ul style="list-style-type: none"> • Medicaid-covered services not covered by Medicare • Medicare coinsurance (Value Options is not involved in these services) <p><u>Non-Duals</u></p> <ul style="list-style-type: none"> • See benefit under HealthChoice
Substance Abuse Treatment and Services	<ul style="list-style-type: none"> • Services paid for by the MCO (providers do not need to be in MCO network) <ul style="list-style-type: none"> ○ Physician management of buprenorphine and naloxone; ○ Comprehensive substance abuse assessment (H0001) ○ Individual, family, or group counseling (H0004, H0005) ○ Intensive outpatient treatment (H0015) ○ Methadone maintenance (H0020) ○ Hospital- and community-based detoxification ○ Buprenorphine and other SA prescriptions as allowed on MCO formularies • PAC does not cover Substance Abuse Treatment services rendered in hospitals or HSCRC rate regulated hospital outpatient clinics. 		<p><u>Duals - Medicare and Medicaid Eligible Medicare Part A</u> Medicare general hospital services</p> <p><u>Medicare Part B</u> helps pay for outpatient substance abuse treatment services from a clinic or hospital outpatient department. Methadone may be covered if provided to hospital inpatients but not provided in outpatient clinics.</p> <p><u>Medicaid</u></p> <ul style="list-style-type: none"> • Medicaid-covered services not covered by Medicare • Medicare coinsurance <p><u>Non-Duals</u></p> <ul style="list-style-type: none"> • See benefit under HealthChoice

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Reimbursement	<p><u>Substance Abuse</u></p> <p>Maryland increased fees on January 1, 2010. MCOs are required to pay at least the fee-for-service rates listed below.</p> <ul style="list-style-type: none"> • H0001 - \$142 per assessment • H0004 - \$20 per 15 minute increment • H0005 - \$39 per session • H0015 - \$125 per session (no more than 4 per week) • H0020 - \$80 per week <p><u>Specialty Mental Health</u></p> <ul style="list-style-type: none"> • For a complete list of billing codes and reimbursement rates, please visit: http://dhmh.maryland.gov/mha/Documents/FY%202009%20Rates%20_%20REV%206_23_08.pdf 		<ul style="list-style-type: none"> • Under the Mental Health Parity and Addiction Equity Act of 2008, private health plans have to cover both physical and mental health services equally. Medicare, which covered mental health services at 50 percent rather than the 80 percent rate for physical treatment, wasn't required to abide by the law. • The Medicare Improvements for Patients and Providers Act of 2008 changed that. Medicare is gradually increasing the percentage it covers for mental health services, until in 2014 it will reach 80 percent. (In 2012, the program covers 60 percent.)

NON-MEDICAID REIMBURSABLE SERVICES: MENTAL HEALTH AND SUBSTANCE ABUSE

Non-Medicaid Reimbursable Services	Mental Health	Substance Abuse
	<ul style="list-style-type: none"> • Supported employment • Respite care • Residential crisis services • Peer support and family education and support • Residential rehabilitation services 	<ul style="list-style-type: none"> • Prevention/Education in Community/Schools • Environmental Strategies that includes: <ul style="list-style-type: none"> ○ Social Media Campaigns ○ Communities Mobilizing For Change Against Alcohol (CMCA) ○ Information Dissemination services. • EBP programs (BSFT/FFT) • Community Reinforcement and Family Training (CRAFT) • Family Services • Social Drinkers Education • Acupuncture • Evaluations (Legal) • Evaluations/Assessments that do not lead to a diagnosis ("Rule Out", not covered by MA) • Some Drug Testing • Information/Referral • Level .5 Early Intervention • Care Coordination • Continuing Care <ul style="list-style-type: none"> ○ Access to Recovery • Residential Treatment: <ul style="list-style-type: none"> ○ Low Intensity III.1 ○ Medium Intensity III.3 ○ High Intensity III.5 ○ Medically Monitored Inpatient III.7 (for adults) ○ Non-Hospital Detoxification • Alternative Programs • Anger management

Non-Medicaid Reimbursable Services	Mental Health	Substance Abuse
		<ul style="list-style-type: none"> • Court Diversion Program (State's Attorney) • Hospital Diversion Program • 2 Adult Drug Courts (Circuit Court and District Court) • Court Liaison • Court-ordered Status Monitoring • Drug Court Case Manager • Juvenile Drug Court • Alternative School (school based) • Integrated Dual Diagnosis Treatment team meetings, outreach & case management, and engagement group • Jail-based level I and II treatment • All "behind the wall" programs • Clinical assessment and triage of in-mates into specialty MH or addiction units • Community Re-entry from jail (mental health and addiction treatment placements, referrals, supervision) • Re-entry Services • Family Recovery Court • Court Evaluations (HG-505/507) • Gambling Counseling • Tobacco Assessment/Referral (when provider is not a physician) • Recovery oriented Systems of Care: <ul style="list-style-type: none"> ○ Recovery Housing ○ Recovery Community Center ○ Peer Support Services • Future Services to include: <ul style="list-style-type: none"> ○ AVATAR (on-line) Counseling